

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/522319**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3		2		1		
4		6		1		
5		6		1		
6		6		1		
7		6		1		
8		6		1		
9		6		1		
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15		6		1		
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18		6		1		
19		6		18		
20		6		18		
21		6				
22		6		1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	37	←	40	←		←
TOTAL CLAIMS	38		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						